

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

099256/8

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/	
2		1				1
3		2				1
4		4	①			1
5		1				1
6		1				1
7		1				1
8		10	①			1
9		10	①			1
10		20	①			1
11		40	①			1
12		10	①			1
13		1	①			1
14		1	①			1
15		1	①			1
16		1	①			1
17		1	①			1
18		1	①			1
19		1	①			1
20		17	①			1
21		34	①			1
22		10	①			1
23		1	①			1
24		1	①			1
25		1	①			1
26		1	①			1
27		1	①			1
28		1	①			1
29		16	①			1
30		10	①			1
31		1	①			1
32		1	①			1
33		1	①			1
34		1	①			1
35		1	①			1
36		1	①			1
37		10	①			1
38		1	①			1
39		1	①			1
40		1	①			1
41		1	①			1
42		1	①			1
43		1	①			1
44		16	①			1
45		10	①			1
46		10	①			1
47		10	①			1
48		10	①			1
49		10	①			1
50		10	①			1
TOTAL IND.	1		1		1	
TOTAL DEP.	298		298		298	
TOTAL CLAIMS	299		299		299	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS